Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	OR	OTHER SMALL	
TC	OTAL CLAIMS		10				RATE	FEE	ן ן	RATE	FEE
FC	)R		NUMBER	FILED .	NUME	BER EXTRA	BASIC FI	EE 385.00	OR	BASIC FEE	770.00
TC	OTAL CHARGEA	ABLE CLAIMS	[ O mir	nus 20=	*		X\$ 9=	=	OR	7/010	
	DEPENDENT CL		<del></del>	inus 3 =	*		X43=		OR	Y00	
MU	ILTIPLE DEPEN	NDENT CLAIM PF	RESÉNT				+145=	:	OR		
* if	the difference	e in column 1 is l	less than ze	ero, enter	"0" in c	column 2	TOTAL		OR		720
	C	CLAIMS AS A	MENDEC			(Column 3)	SMAL	L ENTITY	<b>-</b> OR	OTHER SMALL E	
	<del></del>	(Column 1)		(Colum		(COlumn 5)			<b>–</b> 0	——————————————————————————————————————	<del></del>
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	<del> </del>	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X43=		OR	X86=	
		ENTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM			+	1		<b> </b>
	1 9	- 10					+145=		OR	+290=	<u> </u>
							TOTA ADDIT. FEI		OR A	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)			_	_	
IENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	EST BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	<del> </del>	Minus	**		=	X\$ 9=		OR	X\$18=	
AME		II	Minus	***		=	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		.145=	+	1	+290=	
							+145= TOTAL		OR	+290= TOTAL	
					,		ADDIT. FEE		OR A	ADDIT. FEEL	
_		(Column 1)		(Colum		(Column 3)					
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	EST BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		= .	X\$ 9=		OR	X\$18=	
\ME			Minus	***		=	X43=		OR	X86=	
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			<del>  </del>	OH		í.
• 11	the cotor in colur	mn 1 is less than the	in o lu	- 2 write	""" in col	2	+145=		OR	+290=	!
" "	The thirthest Nur	mn 1 is less than the mber Previously Paid	entry in Chair id For IN THIS	AN 2, Write : S SPACE is	O" ITI CUIU	រMn ថ. ១ 20  ontor "20 "	TOTAL	. 1	OR ,	TOTAL	
***	If the "Highest Nurr	mber Previously Paid ber Previously Paid	aid For IN THIS	S SPACE is	less than	n 3, enter "3."	ADDIT. FEE			ADDIT. FEE	